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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	7,049,395
	Issue Date	May 23, 2006
	First Named Inventor	Michael J. MAY
	Title	ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF
	Art Unit	1653
	Examiner Name	A. Desai
Attorney Docket No.		117886-00201

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name Maria Laccotripe Zacharakis, Ph.D., J.D. McCARTER & ENGLISH, LLP	Address	265 Franklin Street			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Dorothy K. Robinson</i>	Date	4/17/09
Name	Dorothy K. Robinson	Telephone	203.432.4949
Title and Company	VP General Counsel Yale University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.8(a)(4).

Dated: 4/23/09Signature: /MBC/